

## FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

<b>FSSA Program Name:</b>	_____	<b>Submitted on:</b>	_____
<b>Provider Contact Person:</b>	_____	<b>Telephone:</b>	(    ) _____
<b>Fax Number:</b>	_____	<b>E-mail Address:</b>	_____
<b>Provider's Legal Name:</b>	_____		
<b>Provider's d/b/a Name:</b> (doing business as)	_____		
<b>Provider's FID/EIN/SSN:</b>	_____		
<b>Provider's Legal Status:</b>	<b>NOTE:</b> SSN may only be used if the legal name above is an individual's name.		
_____ Individual/Sole Proprietor			
_____ Corporation	Indicate: __For-Profit __Nonprofit		
_____ Government	Indicate: __Federal __State __County __City __Town __Township __Other		
_____ Limited Liability Company			
_____ Partnership	Is it a LLP?                      __Yes __No		
	List all partners: _____		
_____ School Corp.	Indicate list # as assigned by the Dept. of Education      # _____		

<b>Director/Manager:</b>	<b>Name:</b> _____	<b>Title:</b> _____
<b>Office/Street Address:</b> (Main Location)	<b>Street:</b> _____	<b>County:</b> _____
	<b>City:</b> _____	<b>State:</b> _____
	<b>Zip Code:</b> _____	_____
	<b>Confidential Address?</b> <b>Yes</b> <b>or</b> <b>No</b>	<b>Internet Address:</b> _____
	<b>Phone#:</b> (    ) _____	<b>Phone#:</b> (    ) _____
	<b>Fax#:</b> (    ) _____	<b>Toll-Free#:</b> (    ) _____

<b>Mailing Address:</b>	<b>Street/POB:</b> _____
	<b>City:</b> _____
	<b>State:</b> _____
	<b>Zip Code:</b> _____

<b>Claims Payment Address: Street:</b> _____	_____
<small>This address is where checks will be mailed. EVERYONE MUST attach a W9 Form reflecting this address regardless of legal status.</small>	
<b>City:</b> _____	<b>State:</b> _____
	<b>Zip Code:</b> _____

**How frequently do you wish to claim for reimbursement?**      \_\_\_\_\_ Monthly - 12 claims      \_\_\_\_\_ Semi-Monthly - 24 claims

**Term of Contract Requested:** \_\_\_\_\_

<b>County(ies) for which funding is requested.</b>	<b>Circle all that apply.</b>
01 Adams	13 Crawford
02 Allen	14 Daviess
03 Bartholomew	15 Dearborn
04 Benton	16 Decatur
05 Blackford	17 Dekalb
06 Boone	18 Delaware
07 Brown	19 Dubois
08 Carroll	20 Elkhart
09 Cass	21 Fayette
10 Clark	22 Floyc
11 Clay	23 Fountain
12 Clinton	24 Franklin
25 Fulton	26 Gibson
27 Grant	28 Greene
29 Hamilton	30 Hancock
31 Harrison	32 Hendricks
33 Henry	34 Howard
35 Huntington	36 Jackson
37 Jasper	38 Jay
39 Jefferson	40 Jennings
41 Johnson	42 Knox
43 Kosciusko	44 LaGrange
45 Lake	46 Laporte
47 Lawrence	48 Madison
49 Marion	50 Marshall
51 Martin	52 Miami
53 Monroe	54 Montgomery
55 Morgan	56 Newton
57 Noble	58 Ohio
59 Orange	60 Owen
61 Parke	62 Perry
63 Pike	64 Porter
65 Posey	66 Pulaski
67 Putnam	68 Randolph
69 Ripley	70 Rush
71 St. Joseph	72 Scott
73 Shelby	74 Spencer
75 Starke	76 Steuben
77 Sullivan	78 Switzerland
79 Tippecanoe	80 Tipton
81 Union	82 Vanderburgh
83 Vermillion	84 Vigo
85 Wabash	86 Warren
87 Warrick	88 Washington
89 Wayne	90 Wells
91 White	92 Whitley
_____ <b>Statewide</b>	

Is this a female-owned business?    \_\_Yes    \_\_No

Is this a minority-owned\* business?    \_\_Yes    \_\_No      %

Is there minority participation\*\*?    \_\_Yes    \_\_No      %

\*If minority ownership amounts to 51% or more of the company, answer "yes" and enter 100%.

\*\*If not minority-owned, enter % of minority participation.

**Name/Title of persons authorized to sign legal documents and contracts.**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

## **Provider Data Form Instructions**

**FSSA Program Name:** Name of program that your agency will receive monies from.

**Provider Contact Person:** The person that will deal directly with the program consultant.

**All telephone numbers, fax numbers and email addresses** are pertinent for communication purposes.

**Provider's Legal Name:** Legal name of your agency.

**Provider's d/b/a name:** Agency is doing business as:

**Provider's FID/EIN/SSN:**

**Provider's Legal Status:** Please fill out completely.

**Director/Manager:** All blanks need to be completed.

**Mailing address:** All blanks need to be filled out.

**Claims payment address:** This address is where checks will be mailed. Everyone must attach a W9 Form reflecting this address regardless of legal status.

**Term of contract requested:** Must be completed.

**County(ies) for which funding is requested:** These are the counties that they will be doing business in. These are the counties that you will be requesting funding for.

**Complete remainder of form in it's entirety.** Without completion of form, your agency cannot be inputted into the CMS system. This system is how your agency will get paid.